Congress of the United States

Washington, DC 20510

March 16, 2022

The Honorable Michael S. Regan

Administrator

Environmental Protection Agency

1200 Pennsylvania Avenue, N.W. Washington, DC 20460

RE: Public Comment on Strategy to Reduce Lead Exposures and Disparities in U.S. Communities (EPA-HQ-OLEM-2021-0762)

Dear Administrator Regan,

On October 28th, 2021, the Environmental Protection Agency (EPA) released the draft *Strategy to Reduce Lead Exposures and Disparities in U.S. Communities* (Lead Strategy). We would like to use this opportunity to commend the EPA for drafting a Lead Strategy that we anticipate will considerably decrease the lasting disparities in lead exposure still seen in the United States today. Furthermore, it is imperative that Congress support the implementation of the Lead Strategy to the maximum extent possible, as communities of color and low-income communities continue to experience a disproportionate amount of toxic lead exposure.

The United States has made considerable progress in preventing lead poisoning and reducing the levels of lead exposure in our communities through the removal of lead in gasoline and paint. Still, many families – particularly those living in low-income and underserved communities – continue to bear a disproportionate burden of exposure primarily through contact with deteriorating lead-based paint and through drinking contaminated water from lead service lines. In the short-term, lead poisoning can cause abdominal pain, irritability, and memory loss; in the long-term, depression, high blood pressure, and heart disease are common. In children, there is no "safe" blood lead level, and exposure to lead can cause well-documented adverse effects such as: damage to the brain and nervous system, slowed growth and development, lower IQ, and underperformance in school. The EPA's Lead Strategy could go a long way in reducing the occurrence of lead exposure, and the corresponding adverse effects of this exposure in our communities. We commend the EPA for aligning their Lead Strategy around the following goals and objectives:

¹ Whitehead, LaToria S. PhD, MPH; Buchanan, Sharunda D. PhD, MS Childhood Lead Poisoning: A Perpetual Environmental Justice Issue?, Journal of Public Health Management and Practice: January/February 2019 - Volume 25 - Issue - p S115-S120 doi: 10.1097/PHH.00000000000000891

² The National Institute for Occupational Safety and Health (NIOSH). 2021. CDC.gov. https://www.cdc.gov/niosh/topics/lead/health.html#:~:text=Exposure%20to%20high%20levels%20of,a %20developing%20baby's%20nervous%20system.

³ The National Institute for Occupational Safety and Health (NIOSH). 2022. Health Effects of Lead Exposure. https://www.cdc.gov/nceh/lead/prevention/health-effects.htm.

Goal #1: Reduce community exposures to lead sources

Lead exposure often comes from multiple sources like lead-based paint, old water distribution systems, and soil from homes, schools, and childcare facilities. Thus, we commend the EPA for its focus on leveraging its regulatory and risk management tools to decrease exposure to lead from *all* exposure pathways. For example, to reduce exposure in homes and child-occupied facilities with lead-based paint hazards, the EPA will enhance education and outreach by implementing the FY 2022 *Enhancing Lead-Safe Work Practices Through Education and Outreach* initiative. This should reduce harm to children from exposure to lead in communities disproportionately affected by lead exposure by both increasing the number of certified firms under the Renovation, Repair and Painting rule (RRP) and expanding consumer demand for lead-safe work practices. In addition to this, the EPA is offering webinars to prepare tribal leaders to educate their communities about lead the and importance of hiring certified lead professionals using the *Lead Awareness in Indian Country: Keeping our Children Healthy* curriculum. Importantly, the EPA is taking the steps necessary to educate leaders and increase the understanding of the threat that lead exposure poses to their communities. This should equip communities with the prolonged capacity to decrease their exposures to lead sources.

To reduce exposure to lead from drinking water, the EPA will target the most affected communities and provide Drinking Water State Revolving Fund (DWSRF) loans and drinking water grants. This process begins with identifying affected communities – often the disadvantaged communities with the highest levels of lead in their drinking water – and then ensuring that ample funding and technical assistance are provided. In addition to this, the EPA will increase awareness, particularly in disadvantaged communities such as small, underserved communities and communities of color, about programs and funding opportunities to replace lead service lines and reduce lead in drinking water. The EPA's focus on targeting the most affected disadvantaged communities ensures that the mitigation of lead exposure in the United States prioritizes the most vulnerable communities, families, and children. We laud this environmental justice approach to decreasing lead exposures nationwide.

Goal#2: Identify lead-exposed communities and improve their health outcomes

Exposure to lead across the country is inequitable, and communities of color and low-income communities often face the greatest lead exposure, which leads to health impacts that exacerbate already existing health inequities. The EPA, in collaboration with other Federal agencies, will implement science-based approaches to identify communities and subsections of communities with high lead exposure potential (and the probable sources of lead exposure) more effectively. Following this, the EPA can target technical and financial resources to the most overburdened and affected communities to provide the largest public health protection and the most efficient use of resources. This work will include collaboration and partnerships with

⁴ Childhood Lead Poisoning Prevention. 2019. Sources of Lead Exposure. https://www.cdc.gov/nceh/lead/prevention/sources.htm.

relevant community organizations, faith-based institutions, and foundations, and an enhancement of community-based participatory research on lead. We laud the emphasis on promoting community leadership and power in the process of decreasing local lead exposure.

Goal#3: Communicate more effectively with stakeholders

In many communities, parents, families, and childcare providers are often not aware of the presence of lead hazards until elevated blood lead is measured in children or adults. Often, the education of primary caregivers is insufficient in giving them the skills to ascertain potential lead risks and exposure pathways. The EPA will support and help community stakeholders to give parents, families, and other caregivers the right information at the right time. While doing this, the EPA will remain cognizant of the challenges some communities face in accessing federal resources. This means that the EPA will ensure that all outreach materials use accessible electronic and information technology, plain language, and in multiple languages for persons with limited English proficiency and/or persons with disabilities. By taking these steps to increase access to their outreach materials, the EPA ensures that more parents, families, and caregivers can learn about the risks of lead exposure and strategies to mitigate them in their homes and communities.

Recommendations & Next Steps

Although the EPA's Lead Strategy would certainly decrease lead exposures throughout the U.S., the EPA could do more to ensure that lead exposure is reduced to zero. In approach 2 of objective A of the strategy: "Reduce Exposure in Homes and Child-Occupied Facilities with Lead-Based Paint Hazards" the rulemaking process for the dust-lead hazard standards (DLHS) and dust-lead clearance levels (DLCL) are mentioned. Changes to the current rules have been initiated following a May 2021 court decision in the Ninth Circuit that found that the EPA must update DLHS and DLCL standards. We recommend that the EPA set the DLHS for lead dust on surfaces and the soil lead hazard standard as close to zero as feasible. The DLCL should be based on a concentration of lead in dust that would be feasible for labs to test for and contractors to meet. According to the U.S. Department of Housing and Urban Development (HUD), the levels feasible in most cases are: $< 5 \mu g/ft2$ on the floor and $< 40 \mu g/ft2$ on windowsills and troughs. We recommend that the definition of lead-based paint be set at the lowest possible detection level. Due to the severity of impacts of lead poisoning, we recommend that rulemaking be complete by May 2023, two years following the Ninth Circuit court decision. These strict standards are the most protective for public health since there is no safe level of lead.

In approach 2 of objective B of the strategy: "Reduce Exposure to Lead from Drinking Water" rulemaking, specifically the Lead and Copper rule, is mentioned. On December 16th of 2021, the EPA announced that after reviewing the current Lead and Copper rule, they would promulgate additional rules to be enacted by October 16th of 2024. We recommend that the EPA

⁵ EPA No. EPA-HQ-OPPT 2018-0166 OPINION 19-71930.pdf (uscourts.gov)

⁶ Office of Lead Hazard Control and Healthy Homes, David Cox, and Gary Dewalt. 2015. *Lead Hazard Control Clearance Survey*. ww.hud.gov%2Fsites%2Fdocuments

^{%2}fclearancesurvey 24oct15.pdf&clen=996547&chunk=true.

move swiftly to propose new Lead and Copper rules using an extensive public engagement process from stakeholders that include a minimum of 60 days for public comment. The current set standard that triggers lead service line replacement is 15pbb. We recommend a Lead and Copper rule that sets 5 pbb as the maximum contaminant level. The current replacement rate for Lead Service Lines under the 2020 revisions is 33 years for lead service line replacement. We recommend shortening the period for lead service line replacement to 10 years. These proposed revisions to the Lead and Copper rule will ensure that lead exposure rates are dramatically reduced for the common sources of exposure seen in our communities.

We greatly anticipate the implementation of the EPA's Lead Strategy. We are highly supportive of the agency's focus on decreasing inequities in lead poisoning through reducing community-level exposures, identifying communities, and engaging with stakeholders. We hope to see our recommendations taken into consideration as they will effectively strengthen public health protections and address legacy lead contamination for communities with the greatest exposures.

Sincerely,

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